

216020604
99427

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 063	Agency Case No. B6-043820	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/19/2016		TIME OF ACCIDENT 1638	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1640	05/21/2016	
B	65	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 27th / K St - J St			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				110.00	X	S curb of K St
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F	1	DRIVER LICENSE NO.	H13556113	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	1	DRIVER HUNTER L WATSON		PHONE 4026170035	LOCAL NO.	
V2/N	1	DRIVER ADDRESS 7630 SW 17TH ST, LINCOLN, NE 68523		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	09/21/1996
G	4	OWNER HEATHER BUSS		PHONE 4027501133	LOCAL NO.	
H	2	OWNER ADDRESS 7630 SW 17th, Lincoln, NE 68523		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB507573
V1/O	2	LICENSE PLATE PA NO.	TMN974	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O	3	VEHICLE	2000	MAKE Mercury	MODEL Cougar	BODY STYLE 2 door Sedan
V1/O	2	VEHICLE ID NO. (VIN)	1ZWFT61L3Y5642376	COLOR blue	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500	
V2/O	3	TOWED TO	TOWED BY		INSURANCE COMPANY	State Farm
I	1	TOWED TO		POLICY NO.		252 7958-F04-27T
VEHICLE NO. 2						
F	1	DRIVER LICENSE NO.	H13497315	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	1	DRIVER SYDNEY M NOVAK		PHONE 4022765267	LOCAL NO.	
V2/P	1	DRIVER ADDRESS 1426 N 23rd, CLARKSON, NE 68629		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	10/07/1995
J	01	OWNER DALE L NOVAK		PHONE 4028923243	LOCAL NO.	
V1/Q	4	OWNER ADDRESS 214 Maple St, Clarkson, NE 68629		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.
V2/Q	1	LICENSE PLATE PA NO.	43J775	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	1	VEHICLE	1992	MAKE Ford	MODEL Taurus	BODY STYLE 4 door Sedan
V2/Q	1	VEHICLE ID NO. (VIN)	1FACP52U5NG173880	COLOR light blue	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500	
K	01	TOWED TO	TOWED BY		INSURANCE COMPANY	Progressive
K	01	TOWED TO	TOWED BY		POLICY NO.	13316977
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

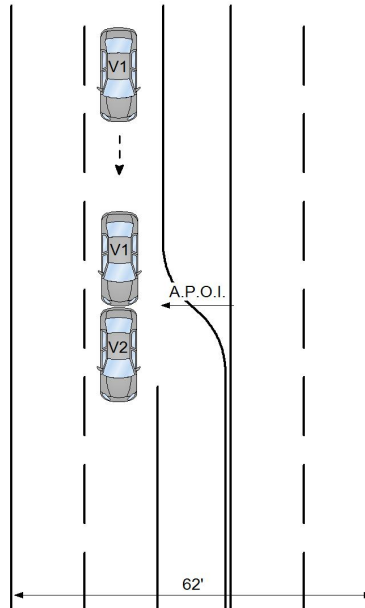
AGENCY CASE NO.
B6-043820



Indicate
North
by Arrow



A.P.O.I. = 110ft S of S
Curb of K St and 20ft E of
W Curb of S 27th



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 stated she was traveling SB on S 27th / K - J in the inside lane. D2 stated she was stopped for traffic in front of her when V1 collided with her vehicle. D1 stated she was traveling SB on S 27th / K - J in the inside lane, when she collided with V2. D1 stated she did not realize traffic in front of her had stopped. D1 stated, 'I wasn't paying attention, and just smashed into her.'

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS PHONE				
	NAME ADDRESS PHONE				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	1			
1		X			S 27th		POINT OF IMPACT	01	POINT OF IMPACT	05	<div style="border:1px solid black; width:100px; height:100px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50px;">4</div> </div>		<div style="border:1px solid black; width:100px; height:100px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50px;">2</div> </div>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian			
2		X			S 27th		POINT OF IMPACT	01	POINT OF IMPACT	05	<div style="border:1px solid black; width:100px; height:100px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50px;">4</div> </div>		<div style="border:1px solid black; width:100px; height:100px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50px;">2</div> </div>		ALCOHOL LEVEL TESTED	Y	X	Y	X	Y	X
1	01	06 Turning left				MOST DAMAGED AREA		01	MOST DAMAGED AREA		05	<div style="border:1px solid black; width:100px; height:100px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50px;">4</div> </div>		<div style="border:1px solid black; width:100px; height:100px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50px;">2</div> </div>		BAC LEVEL					
2	11	08 Entering traffic lane				MOST DAMAGED AREA		01	MOST DAMAGED AREA		05	<div style="border:1px solid black; width:100px; height:100px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50px;">4</div> </div>		<div style="border:1px solid black; width:100px; height:100px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50px;">2</div> </div>		ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2			
01 Essentially straight ahead				09 Leaving traffic lane				02 None		03		04		1		1 Neither alcohol nor drugs suspected					
02 Backing				10 Parked				09 Top & windows		10 Undercarriage		05		2		2 Yes - alcohol suspected					
03 Changing lanes				11 Slowing or stopped in traffic				11 Total (all areas)		12 Other		06		3		3 Yes - drugs suspected					
04 Overtaking/ Passing				12 Other				08		07		06		4		4 Yes - alcohol & drugs suspected					
05 Turning right				13 Unknown				12 Other		13 Unknown				5		5 Unknown					

OFFICER NO. 1770	TROOP/ TEAM/ BEAT NE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Alex Stahl		INVESTIGATOR SIGNATURE Approved by Officer Alex Stahl	
DATE OF REPORT 05/21/2016			